



**COMMUNITY COLLEGE OF PHILADELPHIA  
REGISTRATION APPLICATION FORM for  
CONTINUING EDUCATION AND NONCREDIT COURSES**

**STUDENT ID NUMBER**

**DEMOGRAPHIC INFORMATION: (REQUIRED)**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Former or Maiden Name, if any: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Extension \_\_\_\_\_ Telephone: Evening \_\_\_\_\_

Email Address \_\_\_\_\_

Check this box if your name, mailing address, phone numbers or email address has changed since you last attended the College.

How did you learn about Community College of Philadelphia? \_\_\_\_\_

**CITIZENSHIP AND RESIDENCY STATUS: (REQUIRED)**

Are you a United States Citizen?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

If no, what is your visa status?  Resident Alien;  Special Refugee;  Other

If, "Other" please specify: \_\_\_\_\_

Are you a resident of Pennsylvania?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

Are you a resident of Philadelphia?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

**STATISTICAL INFORMATION: (OPTIONAL)**

The following information is requested on a voluntary basis for statistical purposes only. It will be kept confidential.

Sex:  Male  Female Ethnic Background:  American Indian;  African American/Black;  Asian/Pacific Islander;  
 Hispanic;  White;  Other

**COURSE REGISTRATION for TERM/YEAR** Fa 21 **(Refer to Course Listing to complete class selection blocks below).**

Section Number	Subject	Number	Course Title	Time	Days/Dates	Fee
004	EDCA	B8013	Child Development Associate	6:30-9:30pm	10/11/21-4/4/22	Contract

**Checks/Money Orders should be payable to and mailed to:**  
**Community College of Philadelphia**  
**Cashier's Office – BG-38**  
**1700 Spring Garden Street,**  
**Philadelphia, PA 19130-3991**

**Credit Card payments and e-checks can only be made by registering on-line at [www.ccp.edu](http://www.ccp.edu).**

By submitting this form, I confirm my identity as the person completing this application and affirm that all the information given by me in this application is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal. I further affirm that all claims regarding my legal residence and status are correct and honestly presented. I have no intention to willfully defraud the College or its sponsoring agencies.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affirmative Action Policy**

Community College of Philadelphia does not discriminate on the grounds of race, color, national origin, religion, gender, age, disability, sexual preference, or status as a disabled veteran or veteran of the Vietnam Era in the administration of any of its educational programs, activities, or employment in accordance with applicable Federal statutes and regulations.

**Privacy Policy:** Community College of Philadelphia respects your privacy. Post-secondary institutions that receive funds administered by the Secretary of Education are guided by the Family Educational Rights and Privacy Act of 1974 (as amended).

**FOR OFFICE USE ONLY**

Term/Year Fa 21	Program Code	Banner Student ID Number	Company Name ECE PDO @ PHMC
Received Date	Processed By	Process Date	Company Code PHM

**COPY 1 – ORIGINAL/WHITE (STUDENT RECORDS AND REGISTRATION)**

**COPY 2 – PINK (STUDENT)**